



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 2734**  
Toshiya TAKAHASHI : Docket No. 99\_0994A  
Serial No. 09/387,555 : Group Art Unit 2135  
Filed September 1, 1999 : Examiner Paula W. Klimach

DATA PROCESSING METHOD,  
DATA PROCESSING APPARATUS,  
AND DATA STORAGE MEDIUM

SUBMISSION OF REPLACEMENT FORMAL DRAWINGS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

**AUG 03 2004**

**Technology Center 2100**

Sir:

Enclosed herewith are 14 sheets of replacement formal (A4) drawings of Figs. 1-13.

The replacement sheets are believed to overcome the objections noted on the Notice of Draftspersons Patent Drawing Review (Form PTO-948).

Respectfully submitted,

Toshiya TAKAHASHI

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEE FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975.

By Kenneth W. Fields  
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July 29, 2004



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**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$282.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time ..... \$110.00

Additional Claims Fee Transmittal Letter ..... \$172.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Toshiya TAKAHASHI

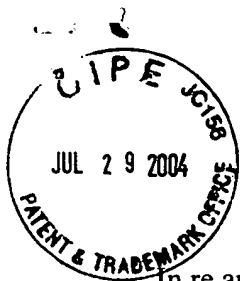
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99\_0994A



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**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**AUG 03 2004**  
**Technology Center 2100**

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): x	(\$ 9 = \$)	or	(\$18 = \$)
Indep. Claims exceeding 3 (not already paid for): 2 x	(\$43 = \$)	or	(\$86 = \$172.00)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$172.00</u>

- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

[X] A check in the amount of \$172.00 is enclosed.

[] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Toshiya TAKAHASHI

THE COMMISSIONER IS AUTHORIZED  
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FEE FOR THIS PAPER TO DEPOSIT  
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